

Joint Committee on Corrections

Information for Legislative Institutional Visits

Facility Name: Maryville Treatment Center			
Custody Level	C-2	Warden	vacant
Total Acreage	44 acres	Address	30227 US Hwy 136
Acreage w/in Perimeter	12 acres		Maryville MO 64468
Square Footage	137,000	Telephone:	(660) 582-6542
Year Opened	1996	Fax:	(660) 582-8071
Operational Capacity/Count (as of today)	525/520		
General Population Beds (capacity and count)	525/514	Deputy Warden	Alana Boyles Offender Management
Segregation Beds (capacity and count)	34/21	Deputy Warden	Sonny Collins Operations
Treatment Beds (capacity and count)	525/520	Asst. Supt	N/A
Work Cadre Beds (capacity count)	0	Asst. Supt	N/A
Diagnostic Beds (capacity and count)	0	Major	John Lower
Protective Custody Beds (capacity and count)	0		

1. Capital Improvement Needs:

- a. How would you rate the overall condition of the physical plant of the institution? **Good**
- b. What capital improvement projects do you foresee at this facility over the next six years?
 - 1. Replace windows in Bldgs 2 & 3**
 - 2. Update security fence alarm system, along with locks at the Control Center**
 - 3. Tuck Point Bldgs 3, 4 & 5**
 - 4. Update fire alarm system**
 - 5. Upgrade showers in Bldgs 2 & 3 – C-side**
 - 6. Update Bldg 2 cooling system**
 - 7. Replace steam line loop in Bldg 3**
 - 8. Inspection of water tower – repaint inside and out**
 - 9. Repair roof on Bldgs 2, 4 & 5**
 - 10. Repave all parking lots**
 - 11. Update perimeter lighting**
 - 12. Build a warehouse for maintenance tools and inventory**
 - 13. Replace all vehicles above 100,000 miles with more efficient types**
- c. How critical do you believe those projects are to the long-term sustainability of this facility?
The windows in Bldg 2 and 3 and the tuck pointing are very critical and are in need of immediate repair.

2. Staffing:

- a. Do you have any critical staff shortages? **Cook I/II**
- b. What is your average vacancy rate for all staff **(3.75)** and for custody staff **(3.08)** only?

- c. Does staff accrual or usage of comp-time by staff effect your management of the institution?
No
- d. What is the process for assigning overtime to staff? **Volunteer basis**
- e. Approximately what percentage of the comp-time accrued at this institution does staff utilize as time off **(56%)** and what percentage is paid-off? **(44%)**
- f. Is staff able to utilize accrued comp-time when they choose? **Yes, but subject to shift coverage.**

3. Education Services:

- a. How many (and %) of inmate students at this institution are currently enrolled in school? **128 offenders enrolled in education (25% of population).**
- b. How many (and %) of inmate students earn their GED each year in this institution? **135 Current pass rate is 82%.**
- c. What are some of the problems faced by offenders who enroll in education programs? **A. Teachers have difficulty working with students who really don't want to be in class. Offenders' lack of motivation. B. Not having adequate classrooms (space) to do small group instructional activities on a daily basis. Not being able to provide intensive one-on-one with students with special needs.**

4. Substance Abuse Services:

- a. What substance abuse treatment or education programs does this institution have? **The Maryville Treatment Center program has been developed in collaboration with Gateway Foundation, and certified in conformance with ADA standards for Institutional Treatment Centers, as well as Missouri Department of Corrections policies and procedures. Our model for treating addictive disorders in therapeutic community is based on the foundational concepts of George DeLeon and others in the TC field, and reflected in the *Revised Therapeutic Communities of America Standards for TC's in Correctional Settings*, Office of National Drug Control Policy.**

Maryville Treatment Center, housing 525 minimum-security male offenders, is solely dedicated to providing alcohol and drug treatment in a modified therapeutic community (TC) Model, integrated with Missouri Re-Entry Process (transitional) services. Our program provides clients with intermediate and long-term, intensive treatment of substance use disorders in a structured, therapeutic learning environment. Our clients include 445 offenders placed at MTC for six months and 80 offenders placed here for one year.

Treatment consists of a four-week orientation to Therapeutic Community, followed by Intensive Addictions Treatment and Re-Entry Skills training. As part of our commitment to the DOC Missouri Re-Entry Process, Maryville Treatment Center also incorporates classes previously given in Transitional Housing Units as well as Medical and Mental Health treatment/classes in our residential treatment program. This includes the recently-implemented DAI curriculum for Anger Management.

Blended Model of State-Private Services

The Maryville Treatment Center program offers a unique service model in which State Department of Corrections, Division of Offender Rehabilitative Services (DORS) clinical staff are blended with clinical staff from Gateway Foundation, a private provider of treatment services, in a seamless and efficient delivery of programming. This teamwork occurs in a larger context of collaboration with DOC's Division of Adult Institutions (DAI) sections of MTC staff, since the concept of therapeutic community views all facility staff as part of an extended treatment team involved in the client's recovery

- b. How many beds are allocated to those programs? **We have approximately 445 offenders here for six-months and 80 for one year.**
- c. How many offenders do those programs serve each year? **We serve approximately 1000 offenders per year (445 x 2 plus 80, in addition to administrative transfers and program terminations, as documented below).**
- d. What percent of offenders successfully complete those programs?

Completion Summary 2/4/09 – 12/28/11		
	Total	%
Total Successful Completers	1649	82.6%
Terminated as Unsuccessful or Refused Program *	296	14.8%
Administratively Terminated/Transferred	51	2.6%
Total Clients Served to Date 2009	1996	100%

*** for Cardinal Rule violations or lack of Therapeutic gain.**

During the time period from 2/4/09 through 12/28/11, we had 1649 successful completers and 296 program terminations due to inability to benefit from treatment.

51 offenders were administratively transferred for various reasons of ineligibility. Excluding offenders who were transferred/became ineligible for treatment at MTC for reasons beyond their control, treatment offenders completed successfully at a rate of 85% and 15% were terminated unsuccessful. These rates are consistent with similar treatment programs.

Furthermore, for the period FY2007 – FY2009, our overall recidivism rate (probation violations and new crimes) was 36.9%, compared with a state-wide average recidivism rate for all incarcerated Missouri offenders of 49.9%. Based on an average annual cost for all incarcerated offenders of \$16,458.00 per offender, we estimate that MTC's 1649 successful completers during the period listed above saved the state of Missouri \$213,954.00 in criminal justice expenditures within the first two years after incarceration.

- e. What, in your opinion, is the biggest challenge to running a treatment program in a prison setting? **We currently have filled all DORS and Gateway staff positions. Treatment staff (both DORS and Gateway private providers, as well as DAI and Probation and Parole) are working together very effectively, and we are finding new ways to get beyond the “territoriality” between different disciplines that can undermine the help we offer offenders. Gateway Foundation continues to provide high-level support and guidance from their corporate office to help us develop and grow this program.**

Our current challenges include the need to assist and support our clinical staff in advancing their training and advancing/maintaining their level of credentials. Given the low salaries of counselors, assistance is needed toward this end.

We continue to ask the Legislature to consider changing the way a decision is made regarding how long an offender needs intensive residential treatment. Essentially, this is a clinical decision based on the offender's degree of substance dependence – classified as a psychiatric disorder by the American Psychiatric Association. However, the length of time an offender is placed in residential treatment in DOC currently is based on statutory requirements that may not coincide with the actual treatment needs and future risk of the offender to return to substance abuse. We

understand this continues to be discussed in DOC policy committee – we ask for consideration of legislative changes. Also, research consistently supports the greater effectiveness of treatment duration of one year. MTC used to have a 365-day program for all offenders in treatment. It would benefit both offenders and Missouri citizens to offer that level of treatment at MTC.

5. Vocational Programs: NOT APPLICABLE

- a. What types of vocational education programs are offered at this institution?
- b. How many offenders (and %) participate in these programs each year?
- c. Do the programs lead to the award of a certificate?
- d. Do you offer any training related to computer skills?

6. Missouri Vocational Enterprises: NOT APPLICABLE

- a. What products are manufactured at this institution?
- b. How many (and %) of offenders work for MVE at this site?
- c. Who are the customers for those products?
- d. What skills are the offenders gaining to help them when released back to the community?

7. Medical Health Services:

- a. Is the facility accredited by the National Commission on Correctional Health Care? **Yes.**
- b. how many offenders are seen in chronic care clinics? **233.**
- c. What are some examples of common medical conditions seen in the medical unit? **Headache, athlete's foot, constipation, cold symptoms jock itch, allergies and gas.**
- d. What are you doing to provide health education to offenders? **Annual health fair, each nursing sick call encounter has a patient education sheet that corresponds with their sick call complaint and chronic care appointments.**
- e. Have you had any cases of active Tuberculosis in this facility in the past year? **No.** If so, how did you respond?
- f. Have you had any cases of active Tuberculosis in this facility in the past year? If so, how did you respond? **No active cases of TB have been identified in the facility.**
- g. Is the aging of the population effecting health care in prisons as it is effecting health care every where else? If yes, please explain. **Not at MTC; most aged offenders have a higher M-score than MTC accommodates.**

8. Mental Health Services:

- a. How do offenders go about obtaining mental health treatment services? **Offenders may obtain mental health services primarily in three ways: 1. Submitting an MSR to mental health requesting to be seen; 2. Staff referral; and 3. By declaring a mental health crisis. In the first case, mental health staff will see the offender within five working days of receiving the MSR (the current average is three days). Offenders referred by staff will be seen according to the situation with the time frame varying from within that same working day to five working days. In the event an offender declares a mental health crisis, they will be seen ASAP; usually within two hours, but at least by the end of the day.**
- b. How many successful suicides (and %) occurred here in the past year and what is being done to prevent suicides? **There have been no successful suicides at MTC during the past year. All staff (DOC and contract) have received annual suicide intervention training in order to identify signs and symptoms of persons at risk for suicide. When staff observe an offender who appears to be at risk, they may place the offender on full suicide watch or make an immediate referral to mental health staff for an evaluation, in which case a staff member will stay with the offender until the offender can be seen by mental health.**

Persons placed on suicide watch are evaluated daily while on watch (MH staff call in and check on them over weekends and holidays), with modification to the watch being made as relevant. When released from suicide watch, they are seen as needed (depending on the nature of the threat, attempt, etc, and their recovery while on suicide watch) to continue to assure they are still no longer at risk.

- c. Approximately how many (and %) of the offenders in this institution are taking psychotropic medications? **As of 12/31/11, MTC averaged 61 offenders taking psychotropic medication, which is approximately 12% of the population.**
 - d. How many offenders in this facility are chronically or seriously mentally ill and what is being done for them? **As of 12/31/11, MTC had 60 offenders in Mental Health Chronic Care (listed as MH3). Each of these offenders is seen at least every 30 days by mental health staff for observation and evaluation of their ability to function. Each has an individual treatment plan developed in cooperation with the offender, mental health therapist, psychiatrist and other staff as pertinent. This ITP is reviewed and revised as needed every 180 days. They are seen by the psychiatrist a minimum of every 90 days, though the normal psychiatric visits are usually about every 60 days. The offenders are also provided individual and/or group therapy as needed is identified and agreed upon.**
9. What is your greatest challenge in managing this institution? **One of our greatest challenges continues to be the institutional fiscal management. The question remains “what can we do without and still get by,” not “what do we need this year to maintain a quality operation?” The greatest impact is manifesting itself in hiring for vacancies. We continually have difficulty hiring Cook positions as other industry in the area pays better and require less education.**
 10. What is your greatest asset to assist you in managing this institution? **The greatest asset in managing the Maryville Treatment Center is the motivation and dedication of the staff. Also, an important asset is the support and understanding of this difficulty by the leadership at Central Office. Our staff have done an outstanding job of more with less.**
 11. What is the condition of the facilities’ vehicle fleet? (mileage, old vehicles etc?) **The fleet and its conditions are as follows.**

License #	Year	Make/Model	Mileage	Condition
13-0120M	1999	DODGE VAN	85907	Fair
13-0269M	1996	DODGE UTILITY 4WD	41274	Fair
13-0270M	1997	FORD TRUCK OT	43071	Fair
13-0272M	1996	DODGE MINI VAN	118472	Good
13-0274M	1996	DODGE MINI VAN	122488	Good
13-0277M	2005	FORD VAN 15 PASSENGER	185110	Good
13-0281M	1996	JEEP UTILITY 4WD	93873	Poor
13-0282M	1996	DODGE UTILITY 4WD	45457	Fair
13-0286M	1992	CHEVY UTILITY 4WD	80368	Fair
13-0287M	1998	FORD TRUCK OT	13917	Fair
13-0339M	2007	FORD SEDAN	67974	Good
13-0390M	2005	FORD VAN 15-PASSENGER	191836	Good
13-0395M	1999	DODGE VAN 15-PASSENGER	112722	Poor
13-0509M	2002	FORD SEDAN	141268	Fair

13-0703M	2005	FORD VAN 15-PASSENGER	190734	Good
13-0781M	2003	FORD SEDAN	111225	Fair
32-0227M	2008	CHEVY SEDAN	65107	New
32-0263M	2008	CHEVY MIN VAN	78189	New

12. Assess the morale of your custody staff; high, medium, or low and please provide detailed explanation. **(Please have the Major answer) The morale of Custody staff at Maryville Treatment Center is assessed overall as medium. Certainly some individual Custody staff members exceed this rating while others fall below this rating. The primary reasons for the medium to low morale are the low pay and stressful working environment. In addition, some staff members are change adverse and are experiencing difficulty adjusting to operational changes.**

13. Caseworkers:

- a. How many caseworkers are assigned to this institution? **5**
- b. Do you currently have any caseworker vacancies? **No**
- c. Do the caseworkers accumulate comp-time? **Minimal**
- d. Do the caseworkers at this institution work alternative schedules? **Only as needed**
- e. How do inmates gain access to meet with caseworkers? **Treatment offenders submit a line of communication form to classification staff who then respond appropriately.**
- f. Average caseload size per caseworker? **105 offenders is the average caseload.**
 - # of disciplinary hearings per month? **105 average**
 - # of IRR's and grievances per month? **20 IRRs and 5 grievances**
 - # of transfers written per month? **12 average**
 - # of re-classification analysis (RCA's) per month? **105 RCAs average**
- g. Are there any services that you believe caseworkers should be providing, but are not providing? **Our caseworkers do a very good job of responding to the variety of issues the offenders have. We are melding treatment services and reentry services so the offenders receive both. I do not see any other services we should offer.**
- h. If so, what are the barriers that prevent caseworkers from delivering these services? **N/A**
- i. What type of inmate programs/classes are the caseworkers at this institution involved in? **Caseworkers assist in providing substance abuse treatment services, participate in the Offender Management Team and Program Review Committee processes. Caseworkers facilitate Pathways to Change, Impact of Crime on Victim Classes and Anger Management and various aspects of the Missouri Reentry Process.**
- j. What other duties are assigned to caseworkers at this institution? **Caseworkers also assist in training other staff and sit on various committees. Other additional duties include Visiting Liaison, Assistant Visiting Liaison, Required Activities/Work Release Assistant Activities Coordinator, Grievance Officer and Assistant Grievance Officer. We are currently working on a Puppies for Parole Program. Caseworkers complete the Transition accountability Plans with offenders, along with the regular duties in classification (ie, all disciplinary, classifying offenders, visitation, offender questions and issues, etc).**

14. Institutional Probation and Parole officers:

- a. How many parole officers are assigned to this institution? **4**

- b. Do you currently have any staff shortages? **No**
- c. Do the parole officers accumulate comp-time? **Minimal**
- d. Do the parole officers at this institution flex their time, work alternative schedules? **As needed**
- e. How do inmates gain access to meet with parole officers? **Schedule Appointment/utilize Line of Communication**
- f. Average caseload size per parole officer? **Population divided by 4 officers currently**
 - # of pre-parole hearing reports per month? **0 during CY11**
 - # of community placement reports per month? **93**
 - # of investigation requests per month? **87**
- g. Are there any services that you believe parole officers should be providing, but are not providing? **No**
- h. If so, what are the barriers that prevent officers from delivering these services? **N/A**
- i. What type of inmate programs/classes are the parole officers at this institution involved in? **None presently.**

15. Please list any other issues you wish to discuss or bring to the attention of the members of the Joint Committee on Corrections. **The primary issues are as follows:**
- **Replacement of windows in Bldgs 2 & 3. In Bldg 2, the issue with the current windows is two-fold. They are prohibiting efficiency as well as impacting staff morale. The over-sized, single-pane windows are not cost efficient. They let air in/out. When the sun hits the south side of the building, it raises the temperatures in the offices up to 20°, especially in the winter season. This makes it extremely hard to know where to set the thermostat. In most cases, the air conditioning units are running during the winter season. In Bldg 3, windows are falling out of the rotted wood frames. Since they are single pane, there is also the problem of efficiency.**

16. Does your institution have saturation housing? If so, how many beds? **No, the Maryville Treatment Center does not have saturation beds; however, we have been informed to keep 36 beds in stock to allow for the possibility of saturation beds.**

17. **Radio/Battery Needs:**

- a. What is the number of radios in working condition? **81**
- b. Do you have an adequate supply of batteries with a good life expectancy? **Yes**
- c. Are the conditioners/rechargers in good working order? **The institution has 2 six-bank chargers/conditioners and one additional charger/conditioner for the Kenwood KSC-32 radios. It is noted that due to age and use, many of the batteries are in disrepair and will not take a full charge. The current state of radio communications is marginal based on the current number of radios and batteries. However, Maryville Treatment Center is scheduled for a radio communications upgrade package in 2012. The communications upgrade will be comprehensive and will include a new base station, repeater, and 120 new hand-held radios with batteries and chargers. Upon completion of the upgrade, the number of radios/batteries will be appropriate and the overall range and clarity of radio transmissions will be greatly improved.**